

EXHIBIT J

Mason, Dawn

From: Mason, Dawn
Sent: Wednesday, November 20, 2019 3:51 PM
To: 'Rose, James D (HEALTH)'; 'Tice, Robin S (HEALTH)'
Cc: Long, Anne Marie
Subject: RE: Three Village CSD ME review (DOB [REDACTED] 05)
Attachments: img-Y20154737-0001.pdf

Good afternoon,
The parent of our student with DOB [REDACTED] 05 has requested that I include a letter she sent to our Superintendent. It is the first document in the attachment. Documents previously included are included for your convenience.
Thank you,

Dawn Mason Ed. D.
Executive Director of PPS
Three Village CSD
631-730-4574

-----Original Message-----

From: Mason, Dawn
Sent: Tuesday, October 29, 2019 7:47 AM
To: 'Rose, James D (HEALTH)' <james.rose@health.ny.gov>; Tice, Robin S (HEALTH) <robin.tice@health.ny.gov>
Cc: Long, Anne Marie <along2@3villagecsd.org>
Subject: Three Village CSD ME review (DOB [REDACTED] 05)

Good morning,
I am submitting the attached request for Medical Exemption from MenACWY for review by the Department of Health. Our Chief Medical Officer reviewed this and determined that it was not an acceptable request for a medical exemption, as it does not document a valid medical contraindication as annotated by the CDC. The student is currently in 9th grade. The parent adamantly disagrees with this determination.
Please let me know if you need any additional information.

Sincerely,
Dawn Mason Ed. D.
Executive Director of PPS
Three Village CSD
100 Suffolk Ave.
Stony Brook, NY 11790
631-730-4574

September 16, 2019

Cheryl Pedisich, Superintendent
Three Village CSD
100 Suffolk Avenue
Stony Brook, Ny, 11790

RECEIVED
OCT 11 2019

BY:

Re: [REDACTED] Medical Exemption

Dear Superintendent Pedisich,

This is a difficult letter to write. It is heartbreakingly private and personal. I'm digging deep to be able to convey to you how important it is for my daughter, [REDACTED] a current 9th grade student, to be granted a medical exemption and be allowed to stay in school. We have been active members of the TVCSD for over 21 years. Under your leadership, the district has thrived and I have always appreciated the balanced consideration you bring to challenging issues and the kindness you extended to families during difficult times. We have recently been the recipient of that kindness and I am forever grateful for the continued support the entire district has shown us.

As you know in June, 2018, my son, [REDACTED] an accomplished member of the class of 2016, died by suicide. His death has been devastating. The grief is surreal. [REDACTED] story is complicated, but is basically grounded in an autoimmune condition where any immune assault, including infections, toxins, trauma, and vaccines can trigger autoimmune encephalitis and neuropsychiatric symptoms that can lead to disability or, in some cases, death. [REDACTED] medical condition spiraled when he was in college after a series of closely timed immune assaults, which included among other things, the meningitis and flu vaccines. The autoimmune encephalitis set his brain on fire and despite our best efforts we couldn't put that fire out.

Unfortunately all of my children suffer from this condition that has been reaping havoc on our lives for nearly a decade. In 2010 my son [REDACTED] class of 2018, suffered a sudden onset of debilitating symptoms. In my religious exemption submission to the district years ago, I detailed how this condition profoundly impacted my children and provided a foundation for my belief against their vaccination. You see, it took me four years and dozens of doctors to figure out why my son, [REDACTED] woke up one day a different child. How he literally went to sleep a smart, well adjusted, athletic 10 year and woke up a broken boy who suddenly suffered from acute anxiety, ocd, oppositional defiance and rages. He lost his ability to read and do math. He became a shell of his former self. It was so bad that in 2014, after rebutting years of misdiagnosis that he finally received a proper diagnosis. He quickly went out on medical leave from 8th grade to receive IVIG and proper supportive treatment. He transferred to private school and was treated with a heavy medical protocol for 4 YEARS to reduce his infectious load and the inflammation triggered by it. Fortunately, after 4 years of intense treatment [REDACTED] is in remission, but we continue prophylactic treatment to keep him safe. He still does not receive vaccinations due to the risk of triggering autoimmune encephalitis.

My daughter [REDACTED] has had her childhood ripped apart by [REDACTED] suffering and [REDACTED] painful demise. She has seen the worst of what this illness can do and knows that she has it. Can you imagine what it must be like for a young girl to know that her immune system can turn on her at any time? It is TRAUMATIZING! Then, can you imagine when this young girl who has been through so much, is being told that she can not go to school if she doesn't get an immunization that is likely to harm her and facilitated her brother's demise? It is TRAUMATIZING!

On September 3, 2019 a Medical Exemption form was submitted to the district. On September 9, 2019 we received a denial and were told that [REDACTED] can not attend school if she doesn't get the vaccination. I'm in pieces trying to figure out why the recommendation of two treating doctors, a diagnosis of an autoimmune condition, proof of current ongoing treatment, and a relevant tragic family history like ours, wouldn't be enough for the district to allow a medical exemption. If [REDACTED] can't qualify, who does? When is it enough? What magic language will be enough to grant an exemption?

[REDACTED] is currently under active treatment for this and associative conditions. She has suffered immune assaults, particularly a concussion, her most recent Tdap, and the trauma of losing her brother, that have triggered flares for which she is still trying to recover. Specifically after the Tdap she suffered from terrible POTS, OCD, anxiety, brain fog, and lethargy for which she is still being treated. Recovery from this condition is long and difficult, so minimizing damaging events is critical.

The current CDC's "Best Practices Guidelines" suggest providers follow the Vaccine Recommendations and Guidelines of the ACIP. This guideline specifically state in their "Contraindications and Precautions":

A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity ... In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated in the presence of a precaution if the benefit of protection from the vaccine outweighs the risk for an adverse reaction. The presence of a moderate or severe acute illness with or without a fever is a precaution to administration of all vaccines (Table 4-1). The decision to administer or delay vaccination because of a current or recent acute illness depends on the severity of symptoms and etiology of the condition. The safety and efficacy of vaccinating persons who have mild illnesses have been documented (8-11). Vaccination should be deferred for persons with a moderate or severe acute illness. This precaution avoids causing diagnostic confusion between manifestations of the underlying illness and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illness.
(<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>)

On the vaccine chart that follows that statement, "Moderate or severe acute illness with or without fever" is listed specifically as a precaution for MenACWY/Menengitis. This guideline should be just that. Special consideration should be given on a case by case basis to preserve the autonomy for the Superintendent to grant the exemption.

■■■■■ exemption should be granted based on the fact that she is in current ongoing treatment a mild to acute illness and several doctors have stated that it is in her best interest to avoid getting it at the current time. In addition, the risk of meningitis is incredibly low and the risk of the vaccine exacerbating her symptoms is incredibly high! Please think about this. The risk/benefit should weigh in ■■■■■ favor.

Finally, I implore you to consider the lasting psychological impact this decision will have on ■■■■■. The administration, teachers, and staff have been amazingly supportive of ■■■■■ this past year. She considers school a safe place where she can learn and socialize. She is happy there. It is a place where she can focus on positive things rather than her illness, her grief and her pain. When she heard that the exemption was denied, she crumbled. She literally fell to the floor sobbing. She vehemently opposes getting the vaccine because it will make her sicker and "crazy like ■■■■■" and she truly believes that she will be "wrecked" by not going to school. This conundrum is too much for a 14 year old to have to bear. It's just torturous. A denial of the this exemption is putting our family in a "Sophie's Choice" position. What would you do? How can I make this choice? How would anyone be able to make this choice?

I have lived the past decade trying to keep my children from sliding into the neuropsychiatric abyss due to immune assaults. I strive daily to facilitate my children's health. We have medical doctors/specialists, grief therapists, and myriad of supportive services/therapies with which we spend obscene amounts of time and money to maximize their wellness. Yet, despite these efforts, ■■■■■ emotional and medical wellbeing is now hinging on the review and approval of a form submitted by her long time pediatrician and further supported by her out of state treating physician/specialist. This is a nightmare and feels so wrong.

As Superintendent, I beg of you to review and consider our plight. ■■■■■ medical condition is real. The stress and anxiety this is causing is unhealthy for her. I only ask that you be reasonable and fair in your consideration.

Please reconsider our request. ■■■■■ has been through enough and deserves to maximize her chances for remission and stay in school. Allow us to continue to find healing, live, and light in every day. That's all I ask.

■■■■■

@optonline.net

Sent from my iPhone

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Immunization/Division of Epidemiology

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name [REDACTED]
 2. Patient's Date of Birth [REDACTED] 05
 3. Patient's Address _____
 4. Name of Educational Institution Belinas Junior Highschool - TVCSO

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|---|---|
| <input type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input type="checkbox"/> Polio (IPV or OPV) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B (Hep B) | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, <u>tdap</u>) | <input checked="" type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here: Chronic/Severe Lyme, Bartonella
and Auto Immune encephalitis. POTS/Dysautonomia. Brother had
same administration of menactra eventually led to his death.

Date exemption ends (if applicable)

School year September 2019 - June 2020

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) Laura Bennett MD NYS Medical License # 159939

Address 3001 Expressway Drive North Suite 100
Islip NY 11749 Telephone (631) 434-1770

Signature [Signature] Date 9/17/19

For Institution Use ONLY: Medical Exemption Status ☐ Accepted ☐ Not Accepted Date: _____



Name: [REDACTED]
Address: P.O.BOX 2181
HOLTSVILLE, NY 11742

Date of Visit: Sep 17 2019
MRN: 11144340
DOB: [REDACTED] 2005

September 17, 2019

To Whom It May Concern:

In regards to [REDACTED], and in accordance with CDC guidelines medical exemption for vaccine:

"May be detrimental to child's health means that a physician has determined that a child has a medical contraindication or precaution to a specific immunization consistent with ACIP guidance or other national recognized evidence based standard of care," Sect 66-1.1 8/16/2019 The medical contraindications are her ongoing treatment for autoimmune encephallitis, POTS/Dysautonomia and Chronic/Severe Lyme and Bartonella disease. Her brother suffered from the same medical condition and administration of Menactra gave way to his psychiatric issues that eventually lead to his death.

As per my previous communication, and Dr O'Hara's information, I recommend that she be exempt from the Menactra vaccine.

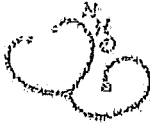
Do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura Bennett", written over a horizontal line.

Dr Laura Bennett MD

Northwell General Pediatrics at Islandia
3001 Expressway Drive North, Suite 100
Islandia, NY 11749
Phone: (631) 434-1770
Fax: (631) 434-1254



www.drohara.com

Nancy H. O'Hara & Associates, L
3 Hollyhock L
Wilton, CT 06897-44
Tel: (203) 834-28
Fax: (203) 834-28

RE: [REDACTED]

DATE: 08/06/2019

RE: [REDACTED]

DOB [REDACTED]

/2006

Tel -
Fax -

(B)

FROM: - Nancy O'Hara
Number of Pages: 1

[REDACTED] is a patient of mine with chronic and severe Lyme, Bartonella and autoimmune encephalitis. As a result, she also has POTS/Dysautonomia, all of which increase symptoms of anxiety, cognitive and processing delays. She has been on antibiotics and multiple interventions to treat the above. Any further virus or other insults can exacerbate her autoimmune disease and symptoms. Please contact our office with questions.

MESSAGE:

Signed:

Nancy H. O'Hara

E-Signed: 08/06/19 (#0003593-F88D)

ID: 504219 Grade: 09
 Birthday: 2005

Immunization Summary Report THREE VILLAGE CSD

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Diphtheria-tetanus-pertussis, combined [DTaP, DTP] - Compliant

Shots	05/24/2005	06/15/2005	08/02/2005	08/17/2006	01/06/2011	
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Tetanus-diphtheria [Td]

No doses of this vaccine.

Polio [IPV, OPV] - Compliant

Shots	03/15/2005	05/24/2005	08/02/2005	01/05/2011		
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Measles-Mumps Rubella [MMR] - Compliant

Shots	05/15/2006	01/14/2010	
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Measles-Mumps-Rubella-Varicella [MMRV]

No doses of this vaccine.

Hepatitis B [Hep B] - Compliant

Shots	01/14/2005	03/15/2005	05/24/2005	08/02/2005
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Hepatitis B - 2 Dose [Hep B - 2 Dose]

No doses of this vaccine.

Hepatitis B - 3 Dose [Hep B - 3 Dose]

No doses of this vaccine.

Haemophilus Influenza, type B [Hib] - No Requirement

Shots	05/24/2005	08/02/2005	08/15/2005	
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Pneumococcal - No Requirement

No doses of this vaccine.

Varicella - Compliant

Shots	05/15/2006	01/14/2010
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Measles

No doses of this vaccine.

Rubella

No doses of this vaccine.

Mumps

No doses of this vaccine.

Hepatitis A [Hep A]

Shots	01/08/2011	01/19/2012
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Tetanus, Diphtheria and Acellular Pertussis [Tdap] - Compliant

Shots	07/06/2017			
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Polio [IPV]

No doses of this vaccine.

Polio [OPV]

No doses of this vaccine.

Diphtheria and Tetanus [DT]

No doses of this vaccine.

Tuberculosis [BCG]

No doses of this vaccine.

Influenza

No doses of this vaccine.

Meningococcal - Non-compliant

Shots	Religious 09/27/2016	
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Human Papillomavirus [HPV]

No doses of this vaccine.

Rotavirus

No doses of this vaccine.

Flu - Live

No doses of this vaccine.

[REDACTED]
ID: 504219 Grade: 09
Birthday: [REDACTED] 2008

Immunization Summary Report
THREE VILLAGE CSD

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Meningococcal B

No doses of this vaccine.